

**NEBRASKA JOHNE'S DISEASE HERD STATUS PROGRAM**

**VETERINARIAN PARTICIPATION INCENTIVES**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HERD RISK ASSESSMENT AND MANAGEMENT PLAN(S)**

# of Verified Assessments with this submission:

\_\_\_\_\_ x \$250 each = \$\_\_\_\_\_

*I claim payment from the State of Nebraska for the above risk assessments/management plan(s) completed by me. I declare that the above information is a true account of said completed activities for which payment has not been made heretofore by the State of Nebraska.*

**Signature:** \_\_\_\_\_

**FTIN or Social Security Number:** \_\_\_\_\_

**Department Confirmation:** \_\_\_\_\_

*Dr. Thomas J. Schomer*

**Mail or fax form to:**

**Nebraska Department of Agriculture**  
**P.O. Box 94787**  
**Lincoln, NE 68509**  
**Fax: (402) 471-6893**